



STATE OF MAINE  
MAINE REVENUE SERVICES  
24 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0024

ADMINISTRATIVE & FINANCIAL  
SERVICE

REBECCA M. WYKE  
COMMISSIONER

John Elias Baldacci  
GOVERNOR

JEROME D. GERARD  
ACTING EXECUTIVE DIRECTOR

**APPLICATION FOR SALE/USE TAX EXEMPTION CERTIFICATE  
FOR AN INCORPORATED NONPROFIT NURSERY SCHOOL**

Name of Corporation \_\_\_\_\_  
Name of Nursery School \_\_\_\_\_  
Physical Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_

The statute reads, "licensed, incorporated, nonprofit nursery school".

Is the nursery school incorporated? Yes \_\_\_\_ No \_\_\_\_

Send a copy of the articles of incorporation

Is the nursery school licensed by the Department of Behavioral and Developmental Services?

Yes \_\_\_\_ No \_\_\_\_

Send a copy of the nursery school license received by the Department of Behavioral and Developmental Services

Has the nursery school received 501(c) nonprofit status from the IRS? Yes \_\_\_\_ No \_\_\_\_

Send a copy of the IRS determination letter indicating 501(c) nonprofit status

IN ORDER TO PROCESS THE APPLICATION THE FOLLOWING MUST BE INCLUDED

1. Copy of the Articles of Incorporation, as well as a copy of the Constitution and/or By-law
2. Copy of the nursery school license from the Department of Behavioral and Developmental Services
3. Copy of the IRS determination letter indicating 501(c) nonprofit status

I hereby certify that \_\_\_\_\_ is an incorporated nonprofit nursery school licensed by the Department of Behavioral and Developmental Services. I therefore request that a sales/use tax exemption certificate be issued to the above organization pursuant to Title 36 MRSA 1760 (43).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Tel: \_\_\_\_\_

Print Name: \_\_\_\_\_

Fed ID# \_\_\_\_\_

Title: \_\_\_\_\_

Fed ID \_\_\_\_\_  
ST-R-13A

Date Facility Opened: \_\_\_\_\_

